

<i>SERFF Tracking Number:</i>	<i>FRCS-125785904</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Investors Insurance Corporation</i>	<i>State Tracking Number:</i>	<i>40036</i>
<i>Company Tracking Number:</i>	<i>5049</i>		
<i>TOI:</i>	<i>A10 Annuities - Other</i>	<i>Sub-TOI:</i>	<i>A10.000 Annuities - Other</i>
<i>Product Name:</i>	<i>Enhanced Care Rider</i>		
<i>Project Name/Number:</i>	<i>LMG/87/87</i>		

Filing at a Glance

Company: Investors Insurance Corporation

Product Name: Enhanced Care Rider

TOI: A10 Annuities - Other

Sub-TOI: A10.000 Annuities - Other

Filing Type: Form

SERFF Tr Num: FRCS-125785904 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 40036

Co Tr Num: 5049

State Status: Approved-Closed

Co Status: None

Reviewer(s): Linda Bird

Authors: Exselsa Cartwright,
Johnna Kemp

Disposition Date: 08/26/2008

Date Submitted: 08/21/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: LMG/87

Project Number: 87

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Filing not required
in the domicile state.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Overall Rate Impact:

Group Market Type: Discretionary

Filing Status Changed: 08/26/2008

State Status Changed: 08/26/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Our fee of \$150.00 has been sent by EFT on this same date. This fee is based in the Company's state of domicile.

These forms are new and do not replace any previously approved forms.

The purpose of the riders is to provide a monthly benefit that increases the base contract's annuity value. This increase to the contract's annuity value allows the Owner full discretion on when and how the funds are used. The inclusion of

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the monthly benefit as part of the base contract's annuity value also allows the benefit to continue to grow with tax-deferred interest. The monthly benefit and any interest earned on the monthly benefit will not be subject to any surrender charges and market value adjustments. To receive this benefit, the Covered Person must satisfy the benefit conditions and benefit procedures stated in the riders.

The riders may be used with the policies/certificates indicated below and may be used with other annuity contracts approved by your Department in the future.

Rider/ Previously Approved Policy/ Certificate/ Approval Date

IIC-ECR-0508/ IIC-PEIA-1204-0(AR)/ 03/08/2005

IIC-GMYGA-1107/ 03/21/2008

IIC-ECRB-0508/ IIC-PEIA-0706-B(AR)/ 08/18/2006

IIC-GEIA-0508-10B/ 07/03/2008

The riders are almost identical. The only difference is that rider IIC-ECRB-0508 contains language regarding a premium bonus, and it will be used when the base contract to which the rider will be attached has a premium bonus. Rider IIC-ECR-0508 will be used when the base contract does not have a premium bonus.

On the riders and application, braces appear around the administrative office address/phone number and company signatures since these items are variable.

The application may be used when the riders are offered with the contract.

Sample data pages for each of the policies/certificates showing the data pages when the rider is elected are enclosed for information. Braces indicate variable information.

The forms are written in clear and simplified language and have passed the Flesch Reading Ease test. The forms are in final format subject only to changes in font style, margins, page numbers, ink, and paper stock. Printing standards will not be less than those required under your law.

Company and Contact

<i>SERFF Tracking Number:</i>	<i>FRCS-125785904</i>	<i>State:</i>	<i>Arkansas</i>
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Filing Contact Information

(This filing was made by a third party - FC01)

Johnna Kemp, Technician	johnna.kemp@firstconsulting.com
1020 Central, Suite 201	(800) 927-2730 [Phone]
Kansas City, MO 64105	(816) 391-2755[FAX]

Filing Company Information

Investors Insurance Corporation	CoCode: 64939	State of Domicile: Delaware
3030 Hartley Road	Group Code: 749	Company Type:
Jacksonville, FL 32257	Group Name:	State ID Number:
(800) 749-6992 ext. [Phone]	FEIN Number: 93-0465369	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$150.00
Retaliatory?	Yes
Fee Explanation:	Retaliatory. The fee in the domicile state of DE is 50.00 per form and we are filing 3 forms therefore the fee for this filing will be \$150.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Investors Insurance Corporation	\$150.00	08/21/2008	22063531

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	08/26/2008	08/26/2008

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Disposition

Disposition Date: 08/26/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Data Pages		Yes
Form	Enhanced Care Rider		Yes
Form	Enhanced Care Rider		Yes
Form	Annuity Application		Yes

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Form Schedule

Lead Form Number: IIC-ECR-0508

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	IIC-ECR-0508	Certificate	Enhanced Care Amendmen Rider t, Insert Page, Endorseme nt or Rider	Initial		40	IIC-ECR-0508_dist.pdf
	IIC-ECRB-0508	Certificate	Enhanced Care Amendmen Rider t, Insert Page, Endorseme nt or Rider	Initial		40	IIC-ECRB-0508_dist.pdf
	IIC-APP-0508	Application/ Enrollment Form	Annuity Application	Initial		52	ICC-APP-0508-dist JD.pdf

Investors Insurance Corporation

Home Office: Wilmington, DE

Administrative Office: {P. O. Box 100216, Rome, GA 30162-7216 • Telephone (877) 549-7663 (Toll Free)}

Enhanced Care Rider

This Rider is part of the Contract to which it is attached at the time of issue, provided the Designated Annuitant: a) is also named as an annuitant on the Contract Data Page; b) is at least 40 but not more than 75 years of age on the Rider Effective Date; and c) was not confined to a Nursing Home or Assisted Living Facility or did not receive Care Services within one year prior to the Rider Effective Date. The Rider Effective Date is shown on the Contract Data Page.

This Rider will provide a Monthly Benefit, subject to the provisions stated below.

DEFINITIONS:

The following definitions apply only to the provisions covered in this Rider.

Activities of Daily Living means the following everyday activities that allow the Designated Annuitant to function independently in his or her environment:

- a. Bathing – washing oneself by sponge bath, or in either a tub or shower, including the act of getting into or out of the tub or shower.
- b. Continence – the ability to maintain control of bowel or bladder functions; or, when unable to maintain control of bowel or bladder functions, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).
- c. Dressing – putting on or taking off all items of clothing and any necessary braces, fasteners or artificial limbs.
- d. Eating – feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube intravenously.
- e. Toileting – getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
- f. Transferring – moving into or out of a bed, chair or wheelchair.

Adult Day Care means a program that provides a protective environment and preventive, remedial, and restorative services for part of the 24-hour day.

Adult Day Care Center means a facility licensed by the state in which it is located as an Adult Day Care Center. If the state does not license Adult Day Care Centers, then the center must meet all of the following additional criteria:

- a. It is operated as an Adult Day Care Center;
- b. It is operated at least 5 days a week for a minimum of 5 hours per day and is not an overnight facility;
- c. It maintains a written record for each client, which includes a plan of care and a record of all services provided;
- d. It has established procedures for obtaining appropriate aid in the event of a medical emergency;
- e. It has formal arrangements for providing services of: a Physician; a dietician; a licensed physical therapist; a licensed speech therapist; and a licensed occupational therapist; and
- f. It has on staff all of the following: a full-time doctor; one or more nurses in attendance during operating hours for at least four hours a day; and enough full-time staff members to maintain a client-to-staff ratio of 8 or less to 1.

Assisted Living Facility means a facility that is licensed by the state in which it is located as an Assisted Living Facility. If the state does not license Assisted Living Facilities, it must meet all of the following criteria:

- a. It provides 24 hour per day care and service sufficient to support both scheduled and unscheduled care needs resulting from the inability to perform Activities of Daily Living or Cognitive Impairment;
- b. It has an awake, trained and ready-to-respond staff person on duty at all times to provide care who is aware of the whereabouts of the residents at all times;
- c. It provides three meals a day and accommodates special dietary needs;
- d. It has established procedures and formal arrangements for the services of a Physician or nurse to furnish medical care in case of emergency; and
- e. It has appropriate methods and procedures for handling and administering drugs.

This definition does not include the following places: a hospital or clinic, a place that operates primarily for the treatment of alcoholism or drug addiction, the Designated Annuitant's home, hotels, motels, boarding homes, or a substantially similar adult residence.

Care Services consist of the following and must take place within the United States:

- a. Nursing Care, Hospice Care, Custodial Care or Respite Care received during the Designated Annuitant's confinement to a Nursing Home or an Assisted Living Facility.
- b. Home Health Care, Hospice Care or Respite Care received by the Designated Annuitant in his or her home, a rest home or in an Adult Day Care Center.
- c. Adult Day Care received by the Designated Annuitant in an Adult Day Care Center.

Cognitive Impairment means a deficiency in a person's short term or long-term memory; orientation as to person, place, and time; deductive or abstract reasoning; or judgment as it relates to safety awareness. The presence of Cognitive Impairment must be established by and reliably measured by clinical evidence and standardized tests.

Contract means the individual annuity policy or the annuity certificate issued under a group policy to which this Rider is attached.

Custodial Care means care ordered by a Physician due to the Designated Annuitant's Cognitive Impairment or need for Human Assistance with the Activities of Daily Living.

Deferral Period means the 6-year waiting period before any Monthly Benefits are payable. The Deferral Period begins on the Rider Effective Date and ends on the last day of the sixth Rider Year.

Designated Annuitant is the person named on the Contract Data Page, provided the person: a) is also named as an annuitant on the Contract Data Page; b) is at least 40 but not more than 75 years of age on the Rider Effective Date; and c) was not confined to a Nursing Home or Assisted Living Facility or did not receive Care Services within one year prior to the Rider Effective Date. If joint annuitants are named on the Contract, the Owner must designate one annuitant as the Designated Annuitant. The annuitant who is named as the Designated Annuitant cannot be changed at any time.

Elimination Period means the first 45 days during which the Designated Annuitant meets the Benefit Conditions, beginning on the date determined by the Company. The Elimination Period must occur after the Deferral Period. The days used to satisfy the Designated Annuitant's Elimination Period do not need to be consecutive and may be accumulated under separate claims. No day may be counted as more than one day towards the satisfaction of the Elimination Period. Only one complete Elimination Period needs to be met. Any day the Designated Annuitant receives Care Services during the Deferral Period will not count towards satisfaction of the Elimination Period.

Home Health Care is skilled nursing or other professional services in the residence, including, but not limited to part-time and intermittent skilled nursing services, home health aid services, physical therapy, occupational therapy, or speech therapy and audiology services, and medical social services by a social worker.

Hospice Care means services that are given to the Designated Annuitant to provide palliative care; alleviate the physical, emotional, social, and spiritual discomforts in the terminal illness phases of life, and the supportive care given to the primary care giver and the family.

Human Assistance means the Designated Annuitant needs hands-on or standby assistance a majority of the time the Activity of Daily Living is performed. Hands-on assistance means the physical assistance of another person without which the Designated Annuitant would be unable to perform the Activity of Daily Living. Standby assistance means the presence of another person within arm's reach of the Designated Annuitant that is necessary to prevent, by physical intervention, injury to such person while he or she is performing the Activity of Daily Living.

Nursing Care means skilled or intermediate care provided by one or more of the following health care professionals: registered nurse, licensed vocational nurse, licensed practical nurse, physical therapist, occupational therapist, speech therapist, respiratory therapist, medical social worker, or registered dietician.

Nursing Home means a facility that is licensed and operated primarily to provide nursing care for a charge (including room and board), according to the laws of the jurisdiction in which it is located.

A Nursing Home may be a freestanding facility or it may be a distinct part of a facility, including a ward or a wing of a Hospital or other facility.

Nursing Home does not mean: (1) a Hospital or clinic; (2) a rest home (a home for the aged or a retirement home) which does not, as its primary function, provide custodial care; (3) the Designated Annuitant's home; or (4) a facility for the treatment of alcoholism, drug addiction, or mental illness.

Physician means a practitioner of the healing arts, who is duly licensed by the state to treat the injury or sickness causing the loss and who is not a member of the Designated Annuitant's family or an employee of the Nursing Home or Hospice Care facility where the Designated Annuitant is confined.

Respite Care means Nursing Care, Custodial Care, Hospice Care or Home Health Care provided to the Designated Annuitant when those who normally care for the Designated Annuitant at home (generally family members, friends, neighbors, etc.) need relief from helping the Designated Annuitant to perform the Activities of Daily Living. Such care includes confinement in a Nursing Home or an Assisted Living Facility.

Rider Age is the actual age of the Designated Annuitant on the Rider's Effective Date.

Rider Effective Date is the date this Rider takes effect.

Rider Year is the 12-month period measured from the Rider Effective Date, and each succeeding 12-month period.

RIDER PREMIUM: The Rider Premium is an amount specified by the Owner at the time the Contract and this Rider are issued. The amount of the Rider Premium cannot be changed after issue. Additional premiums received after the Contract and Rider are issued cannot be designated as Rider Premium.

The Rider Premium is allocated to the Crediting Rate Strategy(ies) at the same allocation percentage(s) as the Initial Premium under the Contract.

NON-RIDER PREMIUM: The Non-Rider Premium is the amount of the Premium Payment(s) in excess of the Rider Premium.

RIDER VALUE: The Rider Value is equal to A plus B minus C, where:

A = Rider Premium.

B = All interest accumulated on the Rider Value prior to the date of calculation.

C = The sum of all Rider Deductions deducted prior to the date of calculation and all Gross Withdrawals of Rider Values.

The Rider Value is a specified value used to determine the amounts of the Monthly Benefit(s) and Rider Deduction(s) only.

Rider Deductions are taken monthly in arrears and are based on values on the Rider Deduction Date.

NON-RIDER VALUE: The Non-Rider Value is equal to A plus B minus C, where:

A = Non-Rider Premium.

B = All interest accumulated on the Non-Rider Value prior to the date of calculation.

C = The sum of all Gross Withdrawals of Non-Rider Values.

MONTHLY BENEFIT: Upon completion of the Benefit Procedures, the Contract's Annuity Value will be increased by the amount of the Monthly Benefit. Monthly Benefits cannot be added to the Crediting Rate Strategies. If the Designated Annuitant is receiving Monthly Benefits and a settlement option is selected, the settlement option payment will be increased by the Monthly Benefit amount less the Rider Deduction. The number of Monthly Benefits will not exceed the Maximum Benefit Limit. Monthly Benefits will not be paid on a retroactive basis.

The Owner may, but is not required to, withdraw the Monthly Benefit. If the Owner does not withdraw the Monthly Benefit, interest will be credited on a daily basis at a rate not less than 1.00% per annum. The rate will be determined by the Company at the time the first Monthly Benefit is paid and annually thereafter. The Monthly Benefit and any interest earned on the Monthly Benefit will not be subject to any Surrender Charges and Market Value Adjustments.

The Monthly Benefit will be equal to an amount determined by the following table, based on the Rider Value and the Rider Premium as of the date the Company determines the Benefit Conditions are met. The amount of the Monthly Benefit will not change while consecutive Monthly Benefits are paid under this Rider.

<u>Rider Age</u>	<u>Monthly Benefit Amount</u>
66 – 75	1% of the greater of the Rider Value and the Rider Premium
56 – 65	2% of the greater of the Rider Value and the Rider Premium
40 – 55	3% of the greater of the Rider Value and the Rider Premium

Any benefits payable under other riders or endorsements attached to the Contract are not affected by any benefit paid under this Rider. No benefit is due or payable under this Rider as the result of the death of any Owner, any Annuitant or the Designated Annuitant.

MAXIMUM BENEFIT LIMIT: The total number of Monthly Benefits cannot exceed the Maximum Benefit Limit of 36 payments. Each month for which a Monthly Benefit is paid will count as a payment towards the Maximum Benefit Limit.

BENEFIT CONDITIONS: The following are the required conditions that a Designated Annuitant must meet and continue to meet in order to be eligible for Monthly Benefits under this Rider:

1. The Designated Annuitant is unable to perform at least 2 Activities of Daily Living without Human Assistance or has a deficiency due to the presence of a Cognitive Impairment, and
2. The Designated Annuitant is receiving Care Services.

BENEFIT PROCEDURES: For the Monthly Benefit to be paid under this Rider, the following must occur in the order stated:

1. The Deferral Period must be completed.
2. The Company must receive a written request for Monthly Benefits within 30 days from the date the Benefit Conditions are met by the Designated Annuitant or as soon as reasonably possible. Upon receipt of this request, the Company will work with the Designated Annuitant or anyone acting on behalf of the Designated Annuitant to confirm the Benefit Conditions are satisfied. The Company reserves the right to do a telephone interview, perform an on-site nursing assessment or require a physical exam when and as often as the Company determines is reasonable while making its determination. If Monthly Benefits cease for a period of 30 days or more, the Company will require a new written request for Monthly Benefits.
3. Once the Company has determined the Benefit Conditions have been met by the Designated Annuitant, the Elimination Period requirement must be satisfied. There is only one Elimination Period for this Rider.
4. At any time, the Company reserves the right to require proof of continuing receipt of Care Services and face-to-face assessments of the Designated Annuitant's inability to perform at least 2 Activities of Daily Living without Human Assistance or deficiency due to the presence of a Cognitive Impairment.

RIDER DEDUCTION: The monthly charges for this Rider will be taken as a Rider Deduction from the Rider Value on the Rider Deduction Date. The Rider Deduction Monthly Percentage is shown on the Data Page and applied to the greater of the Rider Premium and Rider Value, as determined on the Rider Deduction Date. Rider Deductions will be taken from the Crediting Rate Strategies in the order shown on the Contract Data Page.

Rider Deductions will occur until the earlier of: a) the date this Rider terminates; or b) the Maximum Benefit Limit has been reached. Rider Deductions will continue and will not change while Monthly Benefits are paid.

RIDER DEDUCTION DATE: The Rider Deduction Date is the same day each month as the Rider Effective Date. If the day is not available in a month, the Rider Deduction will be taken from the Rider Value on the last day of that month.

MISSTATEMENT OF AGE: If the Rider Age is misstated, the Monthly Benefit will be adjusted to the correct amount for the true age. The Company will correct underpayments in a lump sum with the next Monthly Benefit. The Company will deduct overpayments from the current or succeeding Monthly Benefits. If the Rider Age was misstated and the Rider would not have been issued based on the correct Rider Age, the Company will refund the Monthly Deductions paid for this Rider.

WITHDRAWALS UNDER THE CONTRACT: While this Rider is in effect, the Withdrawals will be taken first from Monthly Benefits, then from Non-Rider Values, and last from Rider Values. Withdrawals will be taken from the Crediting Rate Strategies in the order shown on the Contract Data Page. The withdrawal of Monthly Benefits provided under this Rider will not reduce the Contract's Minimum Guaranteed Surrender Value.

RIDER EXCLUSIONS: This Rider will not pay Monthly Benefits for any of the following:

1. The Designated Annuitant: a) is not named as an annuitant under the Contract; b) was not between 40 and 75 years of age on the Rider Effective Date; or c) was confined to a Nursing Home or Assisted Living Facility or did receive any Care Services within one year prior to the Rider Effective Date.
2. Injury or sickness for which a benefit is payable under any worker's compensation or occupational disease-law.
3. Treatment resulting from mental, emotional, or nervous disorders or disorders without demonstrable organic origin.
4. Treatment arising out of war or act of war (whether declared or undeclared).
5. Treatment arising out of an attempt (while sane or insane) at suicide or an intentionally self-inflicted injury.
6. Treatment for alcoholism, drug addiction, or chemical dependency (unless the drug addiction or chemical dependency is a result of medication taken in doses as legally prescribed).
7. Treatment arising out of participation in a felony, riot, or insurrection.

RIDER TERMINATION: This Rider shall terminate on the earliest of the following dates:

1. The date the Contract terminates for any reason or the date settlement option payments begin under the Contract, unless Monthly Benefits are being paid at the time the settlement option payments begin.
2. The date the Company receives the Owner's written request to terminate this Rider.
3. The date the Maximum Benefit Limit has been reached.
4. The date the Designated Annuitant dies.
5. The date a Withdrawal causes the Rider Value to fall below an amount equal to 25% of the Rider Premium, unless Monthly Benefits are being paid at such time.

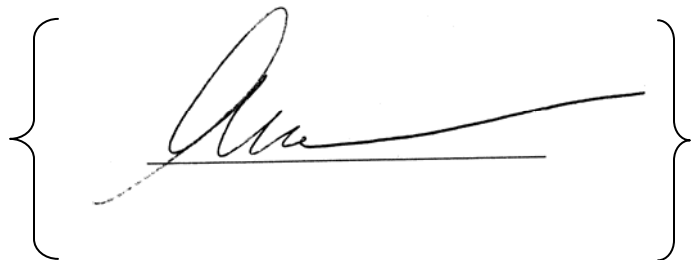
Once this Rider has been terminated, it may not be re-elected.

Each year, the Owner may be responsible for income taxes and applicable tax penalties on the amount of the Monthly Benefits and Rider Deductions.

Nothing contained in this Rider will be held to change, waive or extend any provisions of the Contract except as stated.

A handwritten signature in dark ink, appearing to read "Yves Corcos", is enclosed within a large, hand-drawn curly bracket.

Yves Corcos
President

A handwritten signature in dark ink, appearing to read "Maxine Hilary Verne", is enclosed within a large, hand-drawn curly bracket.

Maxine Hilary Verne
Secretary

Investors Insurance Corporation

Home Office: Wilmington, DE

Administrative Office: {P. O. Box 100216, Rome, GA 30162-7216 • Telephone (877) 549-7663 (Toll Free)}

Enhanced Care Rider

This Rider is part of the Contract to which it is attached at the time of issue, provided the Designated Annuitant: a) is also named as an annuitant on the Contract Data Page; b) is at least 40 but not more than 75 years of age on the Rider Effective Date; and c) was not confined to a Nursing Home or Assisted Living Facility or did not receive Care Services within one year prior to the Rider Effective Date. The Rider Effective Date is shown on the Contract Data Page.

This Rider will provide a Monthly Benefit, subject to the provisions stated below.

DEFINITIONS:

The following definitions apply only to the provisions covered in this Rider.

Activities of Daily Living means the following everyday activities that allow the Designated Annuitant to function independently in his or her environment:

- a. Bathing – washing oneself by sponge bath, or in either a tub or shower, including the act of getting into or out of the tub or shower.
- b. Continence – the ability to maintain control of bowel or bladder functions; or, when unable to maintain control of bowel or bladder functions, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).
- c. Dressing – putting on or taking off all items of clothing and any necessary braces, fasteners or artificial limbs.
- d. Eating – feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube intravenously.
- e. Toileting – getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
- f. Transferring – moving into or out of a bed, chair or wheelchair.

Adult Day Care means a program that provides a protective environment and preventive, remedial, and restorative services for part of the 24-hour day.

Adult Day Care Center means a facility licensed by the state in which it is located as an Adult Day Care Center. If the state does not license Adult Day Care Centers, then the center must meet all of the following additional criteria:

- a. It is operated as an Adult Day Care Center;
- b. It is operated at least 5 days a week for a minimum of 5 hours per day and is not an overnight facility;
- c. It maintains a written record for each client, which includes a plan of care and a record of all services provided;
- d. It has established procedures for obtaining appropriate aid in the event of a medical emergency;
- e. It has formal arrangements for providing services of: a Physician; a dietician; a licensed physical therapist; a licensed speech therapist; and a licensed occupational therapist; and
- f. It has on staff all of the following: a full-time doctor; one or more nurses in attendance during operating hours for at least four hours a day; and enough full-time staff members to maintain a client-to-staff ratio of 8 or less to 1.

Assisted Living Facility means a facility that is licensed by the state in which it is located as an Assisted Living Facility. If the state does not license Assisted Living Facilities, it must meet all of the following criteria:

- a. It provides 24 hour per day care and service sufficient to support both scheduled and unscheduled care needs resulting from the inability to perform Activities of Daily Living or Cognitive Impairment;
- b. It has an awake, trained and ready-to-respond staff person on duty at all times to provide care who is aware of the whereabouts of the residents at all times;
- c. It provides three meals a day and accommodates special dietary needs;
- d. It has established procedures and formal arrangements for the services of a Physician or nurse to furnish medical care in case of emergency; and
- e. It has appropriate methods and procedures for handling and administering drugs.

This definition does not include the following places: a hospital or clinic, a place that operates primarily for the treatment of alcoholism or drug addiction, the Designated Annuitant's home, hotels, motels, boarding homes, or a substantially similar adult residence.

Care Services consist of the following and must take place within the United States:

- a. Nursing Care, Hospice Care, Custodial Care or Respite Care received during the Designated Annuitant's confinement to a Nursing Home or an Assisted Living Facility.
- b. Home Health Care, Hospice Care or Respite Care received by the Designated Annuitant in his or her home, a rest home or in an Adult Day Care Center.
- c. Adult Day Care received by the Designated Annuitant in an Adult Day Care Center.

Cognitive Impairment means a deficiency in a person's short term or long-term memory; orientation as to person, place, and time; deductive or abstract reasoning; or judgment as it relates to safety awareness. The presence of Cognitive Impairment must be established by and reliably measured by clinical evidence and standardized tests.

Contract means the individual annuity policy or the annuity certificate issued under a group policy to which this Rider is attached.

Custodial Care means care ordered by a Physician due to the Designated Annuitant's Cognitive Impairment or need for Human Assistance with the Activities of Daily Living.

Deferral Period means the 6-year waiting period before any Monthly Benefits are payable. The Deferral Period begins on the Rider Effective Date and ends on the last day of the sixth Rider Year.

Designated Annuitant is the person named on the Contract Data Page, provided the person: a) is also named as an annuitant on the Contract Data Page; b) is at least 40 but not more than 75 years of age on the Rider Effective Date; and c) was not confined to a Nursing Home or Assisted Living Facility or did not receive Care Services within one year prior to the Rider Effective Date. If joint annuitants are named on the Contract, the Owner must designate one annuitant as the Designated Annuitant. The annuitant who is named as the Designated Annuitant cannot be changed at any time.

Elimination Period means the first 45 days during which the Designated Annuitant meets the Benefit Conditions, beginning on the date determined by the Company. The Elimination Period must occur after the Deferral Period. The days used to satisfy the Designated Annuitant's Elimination Period do not need to be consecutive and may be accumulated under separate claims. No day may be counted as more than one day towards the satisfaction of the Elimination Period. Only one complete Elimination Period needs to be met. Any day the Designated Annuitant receives Care Services during the Deferral Period will not count towards satisfaction of the Elimination Period.

Home Health Care is skilled nursing or other professional services in the residence, including, but not limited to part-time and intermittent skilled nursing services, home health aid services, physical therapy, occupational therapy, or speech therapy and audiology services, and medical social services by a social worker.

Hospice Care means services that are given to the Designated Annuitant to provide palliative care; alleviate the physical, emotional, social, and spiritual discomforts in the terminal illness phases of life, and the supportive care given to the primary care giver and the family.

Human Assistance means the Designated Annuitant needs hands-on or standby assistance a majority of the time the Activity of Daily Living is performed. Hands-on assistance means the physical assistance of another person without which the Designated Annuitant would be unable to perform the Activity of Daily Living. Standby assistance means the presence of another person within arm's reach of the Designated Annuitant that is necessary to prevent, by physical intervention, injury to such person while he or she is performing the Activity of Daily Living.

Nursing Care means skilled or intermediate care provided by one or more of the following health care professionals: registered nurse, licensed vocational nurse, licensed practical nurse, physical therapist, occupational therapist, speech therapist, respiratory therapist, medical social worker, or registered dietician.

Nursing Home means a facility that is licensed and operated primarily to provide nursing care for a charge (including room and board), according to the laws of the jurisdiction in which it is located.

A Nursing Home may be a freestanding facility or it may be a distinct part of a facility, including a ward or a wing of a Hospital or other facility.

Nursing Home does not mean: (1) a Hospital or clinic; (2) a rest home (a home for the aged or a retirement home) which does not, as its primary function, provide custodial care; (3) the Designated Annuitant's home; or (4) a facility for the treatment of alcoholism, drug addiction, or mental illness.

Physician means a practitioner of the healing arts, who is duly licensed by the state to treat the injury or sickness causing the loss and who is not a member of the Designated Annuitant's family or an employee of the Nursing Home or Hospice Care facility where the Designated Annuitant is confined.

Respite Care means Nursing Care, Custodial Care, Hospice Care or Home Health Care provided to the Designated Annuitant when those who normally care for the Designated Annuitant at home (generally family members, friends, neighbors, etc.) need relief from helping the Designated Annuitant to perform the Activities of Daily Living. Such care includes confinement in a Nursing Home or an Assisted Living Facility.

Rider Age is the actual age of the Designated Annuitant on the Rider's Effective Date.

Rider Bonus Amounts are the Rider Premium(s) multiplied by the Premium Bonus Amount Percentage indicated on the Contract Data Page.

Rider Effective Date is the date this Rider takes effect.

Rider Year is the 12-month period measured from the Rider Effective Date, and each succeeding 12-month period.

RIDER PREMIUM: The Rider Premium is an amount specified by the Owner at the time the Contract and this Rider are issued. The amount of the Rider Premium cannot be changed after issue. Additional premiums received after the Contract and Rider are issued cannot be designated as Rider Premium.

The Rider Premium is allocated to the Crediting Rate Strategy(ies) at the same allocation percentage(s) as the Initial Premium under the Contract.

NON-RIDER PREMIUM: The Non-Rider Premium is the amount of the Premium Payment(s) in excess of the Rider Premium.

RIDER VALUE: The Rider Value is equal to A plus B minus C, where:

A = Rider Premium and Rider Bonus Amounts.

B = All interest accumulated on the Rider Value prior to the date of calculation.

C = The sum of all Rider Deductions deducted prior to the date of calculation and all Gross Withdrawals of Rider Values.

The Rider Value is a specified value used to determine the amounts of the Monthly Benefit(s) and Rider Deduction(s) only.

Rider Deductions are taken monthly in arrears and are based on values on the Rider Deduction Date.

NON-RIDER VALUE: The Non-Rider Value is equal to A plus B minus C, where:

A = Non-Rider Premium, plus any Bonus Amounts on the Non-Rider Premium.

B = All interest accumulated on the Non-Rider Value prior to the date of calculation.

C = The sum of all Gross Withdrawals of Non-Rider Values.

MONTHLY BENEFIT: Upon completion of the Benefit Procedures, the Contract's Annuity Value will be increased by the amount of the Monthly Benefit. Monthly Benefits cannot be added to the Crediting Rate Strategies. If the Designated Annuitant is receiving Monthly Benefits and a settlement option is selected, the settlement option payment will be increased by the Monthly Benefit amount less the Rider Deduction. The number of Monthly Benefits will not exceed the Maximum Benefit Limit. Monthly Benefits will not be paid on a retroactive basis.

The Owner may, but is not required to, withdraw the Monthly Benefit. If the Owner does not withdraw the Monthly Benefit, interest will be credited on a daily basis at a rate not less than 1.00% per annum. The rate will be determined by the Company at the time the first Monthly Benefit is paid and annually thereafter. The Monthly Benefit and any interest earned on the Monthly Benefit will not be subject to any Surrender Charges and Market Value Adjustments.

The Monthly Benefit will be equal to an amount determined by the following table, based on the Rider Value and the Rider Premium as of the date the Company determines the Benefit Conditions are met. The amount of the Monthly Benefit will not change while consecutive Monthly Benefits are paid under this Rider.

<u>Rider Age</u>	<u>Monthly Benefit Amount</u>
66 – 75	1% of the greater of the Rider Value and the Rider Premium
56 – 65	2% of the greater of the Rider Value and the Rider Premium
40 – 55	3% of the greater of the Rider Value and the Rider Premium

Any benefits payable under other riders or endorsements attached to the Contract are not affected by any benefit paid under this Rider. No benefit is due or payable under this Rider as the result of the death of any Owner, any Annuitant or the Designated Annuitant.

MAXIMUM BENEFIT LIMIT: The total number of Monthly Benefits cannot exceed the Maximum Benefit Limit of 36 payments. Each month for which a Monthly Benefit is paid will count as a payment towards the Maximum Benefit Limit.

BENEFIT CONDITIONS: The following are the required conditions that a Designated Annuitant must meet and continue to meet in order to be eligible for Monthly Benefits under this Rider:

1. The Designated Annuitant is unable to perform at least 2 Activities of Daily Living without Human Assistance or has a deficiency due to the presence of a Cognitive Impairment, and
2. The Designated Annuitant is receiving Care Services.

BENEFIT PROCEDURES: For the Monthly Benefit to be paid under this Rider, the following must occur in the order stated:

1. The Deferral Period must be completed.
2. The Company must receive a written request for Monthly Benefits within 30 days from the date the Benefit Conditions are met by the Designated Annuitant or as soon as reasonably possible. Upon receipt of this request, the Company will work with the Designated Annuitant or anyone acting on behalf of the Designated Annuitant to confirm the Benefit Conditions are satisfied. The Company reserves the right to do a telephone interview, perform an on-site nursing assessment or require a physical exam when and as often as the Company determines is reasonable while making its determination. If Monthly Benefits cease for a period of 30 days or more, the Company will require a new written request for Monthly Benefits.
3. Once the Company has determined the Benefit Conditions have been met by the Designated Annuitant, the Elimination Period requirement must be satisfied. There is only one Elimination Period for this Rider.
4. At any time, the Company reserves the right to require proof of continuing receipt of Care Services and face-to-face assessments of the Designated Annuitant's inability to perform at least 2 Activities of Daily Living without Human Assistance or deficiency due to the presence of a Cognitive Impairment.

RIDER DEDUCTION: The monthly charges for this Rider will be taken as a Rider Deduction from the Rider Value on the Rider Deduction Date. The Rider Deduction Monthly Percentage is shown on the Data Page and applied to the greater of the Rider Premium and Rider Value, as determined on the Rider Deduction Date. Rider Deductions will be taken from the Crediting Rate Strategies in the order shown on the Contract Data Page

Rider Deductions will occur until the earlier of: a) the date this Rider terminates; or b) the Maximum Benefit Limit has been reached. Rider Deductions will continue and will not change while Monthly Benefits are paid.

RIDER DEDUCTION DATE: The Rider Deduction Date is the same day each month as the Rider Effective Date. If the day is not available in a month, the Rider Deduction will be taken from the Rider Value on the last day of that month.

MISSTATEMENT OF AGE: If the Rider Age is misstated, the Monthly Benefit will be adjusted to the correct amount for the true age. The Company will correct underpayments in a lump sum with the next Monthly Benefit. The Company will deduct overpayments from the current or succeeding Monthly Benefits. If the Rider Age was misstated and the Rider would not have been issued based on the correct Rider Age, the Company will refund the Monthly Deductions paid for this Rider.

WITHDRAWALS UNDER THE CONTRACT: While this Rider is in effect, the Withdrawals will be taken first from Monthly Benefits, then from Non-Rider Values, and last from Rider Values. Withdrawals will be taken from the Crediting Rate Strategies in the order shown on the Contract Data Page. The withdrawal of Monthly Benefits provided under this Rider will not reduce the Contract's Minimum Guaranteed Surrender Value.

RIDER EXCLUSIONS: This Rider will not pay Monthly Benefits for any of the following:

1. The Designated Annuitant: a) is not named as an annuitant under the Contract; b) was not between 40 and 75 years of age on the Rider Effective Date; or c) was confined to a Nursing Home or Assisted Living Facility or did receive any Care Services within one year prior to the Rider Effective Date.
2. Injury or sickness for which a benefit is payable under any worker's compensation or occupational disease-law.
3. Treatment resulting from mental, emotional, or nervous disorders or disorders without demonstrable organic origin.
4. Treatment arising out of war or act of war (whether declared or undeclared).
5. Treatment arising out of an attempt (while sane or insane) at suicide or an intentionally self-inflicted injury.
6. Treatment for alcoholism, drug addiction, or chemical dependency (unless the drug addiction or chemical dependency is a result of medication taken in doses as legally prescribed).
7. Treatment arising out of participation in a felony, riot, or insurrection.

RIDER TERMINATION: This Rider shall terminate on the earliest of the following dates:

1. The date the Contract terminates for any reason or the date settlement option payments begin under the Contract, unless Monthly Benefits are being paid at the time the settlement option payments begin.
2. The date the Company receives the Owner's written request to terminate this Rider.
3. The date the Maximum Benefit Limit has been reached.
4. The date the Designated Annuitant dies.
5. The date a Withdrawal causes the Rider Value to fall below an amount equal to 25% of the Rider Premium, unless Monthly Benefits are being paid at such time.

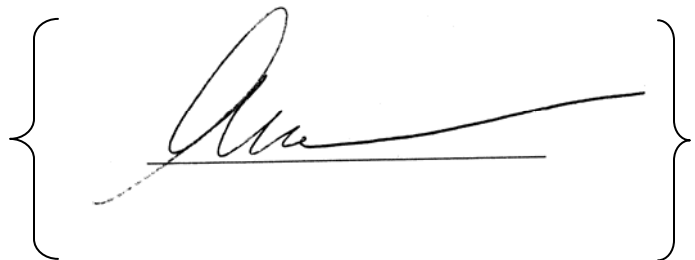
Once this Rider has been terminated, it may not be re-elected.

Each year, the Owner may be responsible for income taxes and applicable tax penalties on the amount of the Monthly Benefits and Rider Deductions.

Nothing contained in this Rider will be held to change, waive or extend any provisions of the Contract except as stated.

A handwritten signature in dark ink, appearing to read "Yves Corcos", enclosed within a large left-facing curly bracket.

Yves Corcos
President

A handwritten signature in dark ink, appearing to read "Maxine Hilary Verne", enclosed within a large right-facing curly bracket.

Maxine Hilary Verne
Secretary

Application is made to Investors Insurance Corporation ("the Company")

Administrative Office: { P.O. Box 100216, Rome, GA 30162-7216 }

ANNUITY APPLICATION

PLEASE PRINT AND USE DARK INK ONLY

SECTION 1--THE PROPOSED ANNUITANT(S)

Primary Annuitant	Joint Annuitant (must be spouse of Annuitant if Owner is an entity) (not applicable to qualified contracts)
Name (print as desired on contract) <u>John Thomas Doe</u> First Middle Last	Name (print as desired on contract) _____ First Middle Last
Address <u>123 Any Street</u> Street	Address _____ Street
<u>Any City Any State XXXXX</u> City State Zip	_____ City State Zip
Telephone <u>(XXX) XXX-XXXX</u>	Telephone () _____
Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security Number <u>XXX-XX-XXXX</u>	Social Security Number _____
Date of Birth <u>XX/XX/XX</u> Birth State <u>XX</u> Mo Day Yr	Date of Birth _____ Birth State _____ Mo Day Yr
Marital Status <u>Single</u>	Marital Status _____

SECTION 2--THE APPLICANT (PROPOSED OWNER) Complete this Section if Owner(s) is(are) other than Annuitant(s)

Owner (If Owner is a trust, include name and date.)	Joint Owner (must be spouse of Owner) (not applicable to qualified contracts)
Name <u>Same as primary annuitant</u> First Middle Last	Name _____ First Middle Last
Address _____ Street	Address _____ Street
_____ City State Zip	_____ City State Zip
Telephone () _____	Telephone () _____
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security Number or Tax ID Number _____	Social Security Number or Tax ID Number _____
Date of Birth _____ Marital Status _____ Mo Day Yr	Date of Birth _____ Marital Status _____ Mo Day Yr
Relationship to Proposed Primary Annuitant _____	Relationship to Proposed Primary Annuitant _____

SECTION 3--THE BENEFICIARY (If Beneficiary is a trust, include name and date.)

If only one beneficiary is elected and no allocation is indicated, the allocation will default to 100%. If multiple beneficiaries are elected and no allocation is indicated, the allocation will default to "share equally".

Primary Beneficiary(ies)	Relationship to Owner	%
<u>Sarah Cain Doe</u>	<u>Daughter</u>	
Contingent Beneficiary(ies)	Relationship to Owner	%

SECTION 4—PRODUCT INFORMATION

Product Name X Product
 Optional Benefits or Riders ☒ Enhanced Care Rider* ☐ Beneficiary Rider Plus* (Not available with qualified contracts)
☐ Enhanced Withdrawal Rider* ☐ Annuity Value Death Benefit Rider* ☐ Other _____ *if applicable

Complete the following if the Enhanced Care Rider is elected:

Rider Premium is equal to all the Initial Premium between \$50,000 and \$200,000 ☒ or Rider Premium: \$55,000 (must be between \$50,000 and \$200,000).

The Designated Annuitant is (check one box): ☒ Primary Annuitant ☐ Joint Annuitant (Must be at least 40 but not more than 75 years of age on the contract effective date.)

I/We confirm that within the last 12 months, the Designated Annuitant was not confined to a Nursing Home or Assisted Living Facility.

I/We further confirm that within the last 12 months, the Designated Annuitant did not receive Nursing Care, Hospice Care, Custodial Care, Respite Care or Home Health Care in any facility or at his or her home. The Enhanced Care Rider cannot be elected if either statement is not true and accurate. Designated Annuitant's signature is required below if not the Owner.

Initial Premium:

Cash with Application Amount \$85.00

Estimated Transfer Amount \$ _____

☐ Nonqualified

☐ Qualified (Complete both types)

Annuity Type

Premium Type

☒ IRA

☒ Contribution

☐ SEP-IRA

Tax Year 1

☐ Roth-IRA

☐ Direct Transfer

☐ Other _____

☐ Rollover

Initial Crediting Rate Strategy Selections

Strategy Name		%
Strategy Name		%
Strategy Name		%
Strategy Name		%
Strategy Name		%

SPECIAL INSTRUCTIONS

HOME OFFICE CHANGES

This annuity contract ☐ will ☒ will not replace insurance or an annuity with any company.

I(We) understand that the Company will invest its general account assets at its sole discretion and no one will have the right to direct the Company concerning the investments owned by the Company. The Producer has no authority to make, modify, alter or discharge any contract. Acceptance of any contract issued on this application will ratify changes noted by the Company in the space titled "Home Office Changes" and a copy of the changed application attached to the contract will be sufficient notice of these changes.

All statements and answers on this application are full, complete and true. If a trust is named as a Beneficiary, I(we) declare that the trust is valid and operational as of the date this application is signed. I(We) certify: (1) the Social Security or Tax ID Number(s) shown on this application is(are) correct and (2) I(we) am(are) responsible for payment of Federal and/or State Income Tax on the taxable portion of withdrawals, if any, and that I(we) may be subject to tax penalties under estimated tax payment rules if my(our) payments of estimated tax and tax withholding, if any, are not adequate.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Dated at Big City Small State Date XX/XX/XXXX
 City and State

Signature of Owner

Signature of Joint Owner

If Owner is a Trust or other entity, print Trust/entity name (e.g., Trust Name and Trust Date)

By _____
 Signature (e.g., Trustee Signature, Trustee) Title of Authority of Owner

If the Owner is not the Annuitant or Designated Annuitant (if applicable), signature of Annuitant/Designated Annuitant

Agent's (Producer's) Statement: To the best of my knowledge, this application ☐ does replace or change ☒ does not replace or change existing life insurance or annuities. I attest that I have witnessed all signatures.

Licensed Agent
 Signature of Producer (Licensed Agent)

Licensed Agent
 Printed Name of Producer

XXXXXX
 Producer Number

<i>SERFF Tracking Number:</i>	<i>FRCS-125785904</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Investors Insurance Corporation</i>	<i>State Tracking Number:</i>	<i>40036</i>
<i>Company Tracking Number:</i>	<i>5049</i>		
<i>TOI:</i>	<i>A10 Annuities - Other</i>	<i>Sub-TOI:</i>	<i>A10.000 Annuities - Other</i>
<i>Product Name:</i>	<i>Enhanced Care Rider</i>		
<i>Project Name/Number:</i>	<i>LMG/87/87</i>		

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>FRCS-125785904</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Investors Insurance Corporation</i>	<i>State Tracking Number:</i>	<i>40036</i>
<i>Company Tracking Number:</i>	<i>5049</i>		
<i>TOI:</i>	<i>A10 Annuities - Other</i>	<i>Sub-TOI:</i>	<i>A10.000 Annuities - Other</i>
<i>Product Name:</i>	<i>Enhanced Care Rider</i>		
<i>Project Name/Number:</i>	<i>LMG/87/87</i>		

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

08/21/2008

Comments:

Attachments:

AR COC.pdf
Autho-dist.pdf
AR RDB.pdf

Review Status:

Satisfied -Name: Data Pages

08/21/2008

Comments:

Attachments:

IIC-PEIA-0706-B(AR) Sample DP ECR.pdf
IIC-PEIA-1204-0(AR) Sample DP ECR.pdf
IIC-GMYGA-1107 Sample DP ECR_dist.pdf
IIC-GEIA-0508-10B Sample DP ECR_dist.pdf

STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE

Company Name: Investors Insurance Corporation
Form Title(s): Enhanced Care Rider, Enhanced Care Rider, Annuity Application
Form Number(s): IIC-ECR-0508, IIC-ECRB-0508, IIC-APP-0508

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg. 19, as well as the other laws and regulations of the State of Arkansas.



Susan F. Powell
Executive Vice President

August 21, 2008
Date



ANNUITY AND LIFE SERVICES

March 5, 2008

To: The Insurance Commissioner

Authorization

This letter, or a copy thereof, will authorize the consulting firm of First Consulting & Administration, Inc., Kansas City, Missouri, to represent this Company in matters before the Insurance Department.

This Authorization shall be valid until revoked by us.

Investors Insurance Corporation



By: _____

Title: Executive Vice President

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Investors Insurance Corporation

This is to certify that the forms referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
IIC-ECR-0508	40.1
IIC-ECRB-0508	40.2
IIC-APP-0508	51.6



Susan F. Powell
Executive Vice President

August 21, 2008
Date

Investors Insurance Corporation
Flexible Premium Deferred Annuity Policy

DATA PAGE

<p>Annuitant:</p> <p>{ John Doe P.O. Box 7873 San Francisco, CA 94120 }</p>	<p>{ Joint Annuitant:</p> <p>Jane Doe P.O. Box 7873 San Francisco, CA 94120 }</p>
<p>Owner:</p> <p>{ Jim Smith 123 Main Street San Francisco, CA 94120 }</p>	<p>{ Joint Owner:</p> <p>Mary Smith 123 Main Street San Francisco, CA 94120 }</p>

Beneficiary: As stated in the copy of the Application attached to this Policy unless subsequently changed in compliance with this Policy's provision.

Benefit Description: Flexible Premium Deferred Annuity		Qualified Type:	{ Nonqualified }
Policy Number:	{ XXXX000100 }	Issue Date:	{ 07/01/2008 }
Initial Premium:	{ \$60,000.00 }	Effective Date:	{ 07/01/2008 }
Premium Bonus Amount Percentage:	{ 7.00% }		
Issue Age:	{ 40 }		

{ Optional Riders or Benefits: { Enhanced Care Rider }

Deferral Period:	{ 6 years }	Elimination Period:	{ 45 days }
Designated Annuitant:	{ John Doe }	Rider Effective Date:	{ 07/01/2008 }
Rider Premium:	{ \$50,000.00 }	Rider Age:	{ 40 }
Non-Rider Premium:	{ \$10,000.00 }	Rider Deduction Monthly Percentage:	{ 0.0459% }

While this Rider is in effect, Withdrawals under this Policy will be taken first from Monthly Benefits, then from Non-Rider Values, and last from Rider Values.

Withdrawals and Rider Deductions will be allocated to the applicable Crediting Rate Strategies in the following order: { a) Guaranteed One-Year Strategy, b) S&P 500 One-Year Strategy A, c) S&P 500 One-Year Strategy B, d) Gold One-Year Strategy, e) Blended Index One-Year Strategy. } }

Crediting Rate Strategies

Strategy Name	Allocation Percentage
{ Guaranteed One-Year Strategy	{ 50% }
{ S&P 500 One-Year Strategy A	{ 0% }
{ S&P 500 One-Year Strategy B	{ 0% }
{ Gold One-Year Strategy	{ 25% }
{ Blended Index One-Year Strategy	{ 25% }

The Minimum Guaranteed One-Year Rate is an annualized interest rate of { 1.50% }.

The Minimum Guaranteed Interest Rate for the Base Guarantee is an annualized interest rate of { 1.90% }.

{For the S&P 500 One-Year Strategy A, the Minimum Participation Rate is {100%} and the Minimum Annualized Cap is {3.00%}.}

{For the S&P 500 One-Year Strategy B, the Minimum Participation Rate is {120%} and the Minimum Annualized Cap is {3.00%}.}

{For the Gold One-Year Strategy, the Minimum Participation Rate is {100%} and the Minimum Annualized Cap is {3.00%}.}

{For the Blended Index One-Year Strategy, the Maximum Spread is {11%}.}

Surrender Charge-Free Withdrawal Percentage is {10%}.

{The Product is not sponsored, endorsed, sold or promoted by Standard & Poor's, a division of The McGraw-Hill Companies, Inc. ("S&P"). S&P makes no representation or warranty, express or implied, to the owners of the Product or any member of the public regarding the advisability of investing in securities generally or in the Product particularly or the ability of the S&P 500 Index to track general stock market performance. S&P's only relationship to the Licensee is the licensing of certain trademarks and trade names of S&P and of the S&P 500 Index which is determined, composed and calculated by S&P without regard to the Licensee or the Product. S&P has no obligation to take the needs of the Licensee or the owners of the Product into consideration in determining, composing or calculating the S&P 500 Index. S&P is not responsible for and has not participated in the determination of the prices and amount of the Product or the timing of the issuance or sale of the Product or in the determination or calculation of the equation by which the Product is to be converted into cash. S&P has no obligation or liability in connection with the administration, marketing or trading of the Product.

S&P DOES NOT GUARANTEE THE ACCURACY AND/OR THE COMPLETENESS OF THE S&P 500 INDEX OR ANY DATA INCLUDED THEREIN AND S&P SHALL HAVE NO LIABILITY FOR ANY ERRORS, OMISSIONS, OR INTERRUPTIONS THEREIN. S&P MAKES NO WARRANTY, EXPRESS OR IMPLIED, AS TO RESULTS TO BE OBTAINED BY LICENSEE, OWNERS OF THE PRODUCT, OR ANY OTHER PERSON OR ENTITY FROM THE USE OF THE S&P 500 INDEX OR ANY DATA INCLUDED THEREIN. S&P MAKES NO EXPRESS OR IMPLIED WARRANTIES, AND EXPRESSLY DISCLAIMS ALL WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE OR USE WITH RESPECT TO THE S&P 500 INDEX OR ANY DATA INCLUDED THEREIN. WITHOUT LIMITING ANY OF THE FOREGOING, IN NO EVENT SHALL S&P HAVE ANY LIABILITY FOR ANY SPECIAL, PUNITIVE, INDIRECT, OR CONSEQUENTIAL DAMAGES (INCLUDING LOST PROFITS), EVEN IF NOTIFIED OF THE POSSIBILITY OF SUCH DAMAGES.}

DATA PAGE
Investors Insurance Corporation
Flexible Premium Deferred Annuity Policy

Policy #: {XXX000100}
Initial Premium: {\$60,000.00}
Premium Bonus Amount: {\$4,200.00}
Issue Age: {40}

{Nonqualified}
Issue Date: {07/01/2008}
Effective Date: {07/01/2008}
Maturity Date: {07/01/2069}

{Optional Riders or Benefits: {Enhanced Care Rider} }

End of Policy Year	Minimum Guaranteed Annuity Value	Minimum Guaranteed Surrender Value	Death Benefit
{ 1	64,384	53,200	64,384
2	64,571	53,912	64,571
3	64,760	54,638	64,760
4	64,951	55,376	64,951
5	65,144	56,129	65,144
6	65,339	56,894	65,339
7	65,537	57,674	65,537
8	65,738	58,468	65,738
9	65,940	59,276	65,940
10	66,145	60,094	66,145
11	66,353	60,923	66,353
12	66,563	61,763	66,563
13	66,775	62,614	66,775
14	66,990	63,476	66,990
15	67,208	64,349	67,208
16	67,428	65,233	67,428
17	67,651	66,129	67,651
18	67,876	67,036	67,876
19	68,218	68,054	68,218
20	69,204	69,204	69,204
21	70,209	70,209	70,209
22	71,231	71,231	71,231
23	72,273	72,273	72,273
24	73,334	73,334	73,334
25	74,414	74,414	74,414
26	75,514	75,514	75,514
27	76,634	76,634	76,634
28	77,774	77,774	77,774
29	78,936	78,936	78,936
30	80,119	80,119	80,119
31	81,323	81,323	81,323
32	82,550	82,550	82,550
33	83,799	83,799	83,799
34	85,071	85,071	85,071
35	86,366	86,366	86,366
36	87,686	87,686	87,686
37	89,029	89,029	89,029
38	90,398	90,398	90,398
39	91,791	91,791	91,791
40	93,210	93,210	93,210
41	94,655	94,655	94,655
42	96,127	96,127	96,127 }

End of Policy Year	Minimum Guaranteed Annuity Value	Minimum Guaranteed Surrender Value	Death Benefit
{ 43	97,626	97,626	97,626
44	99,153	99,153	99,153
45	100,707	100,707	100,707
46	102,291	102,291	102,291
47	103,903	103,903	103,903
48	105,545	105,545	105,545
49	107,218	107,218	107,218
50	108,922	108,922	108,922
51	110,656	110,656	110,656
52	112,423	112,423	112,423
53	114,223	114,223	114,223
54	116,056	116,056	116,056
55	117,922	117,922	117,922
56	119,824	119,824	119,824
57	121,760	121,760	121,760
58	123,732	123,732	123,732
59	125,741	125,741	125,741
60	127,786	127,786	127,786
61	129,870	129,870	129,870 }

All values are based on the Initial Premium shown on the Data Page and assume no additional Premium Payments, Transfers, Withdrawals, Market Value Adjustments or loans {and are adjusted to reflect any Rider Deduction amounts}. Guaranteed values may increase or decrease based on strategy allocations during the life of this Policy. Refer to the Crediting Rate Strategy section of the Data Page for allocations. For the purpose of this illustration, it is assumed all Premium Payments received prior to the Issue Date were applied to this Policy on the Policy's Effective Date.

Any Withdrawal in excess of the Surrender Charge-Free Withdrawal amount will be assessed a Surrender Charge as follows:

**TABLE OF SURRENDER CHARGE PERCENTAGES
FOR EACH PREMIUM PAYMENT**

Premium Year 1	18%
Premium Year 2	17%
Premium Year 3	16%
Premium Year 4	15%
Premium Year 5	14%
Premium Year 6	13%
Premium Year 7	12%
Premium Year 8	10%
Premium Year 9	8%
Premium Year 10 and thereafter	0%

Surrender Charges may be waived subject to the provisions of this Policy.

Investors Insurance Corporation

Flexible Premium Deferred Annuity Policy

DATA PAGE

Annuitant:	{ Joint Annuitant:
{ John Doe	Jane Doe
P.O. Box 7873	P.O. Box 7873
San Francisco, CA 94120}	San Francisco, CA 94120}
Owner:	{ Joint Owner:
{ Jim Smith	Mary Smith
123 Main Street	123 Main Street
San Francisco, CA 94120}	San Francisco, CA 94120}

Beneficiary: As stated in the copy of the Application attached to this Policy unless subsequently changed in compliance with this Policy's provision.

Benefit Description: Flexible Premium Deferred Annuity	Qualified Type:	{ Nonqualified }
Policy Number: { XXX000100 }	Issue Date:	{ 07/01/2008 }
Initial Premium: { \$60,000.00 }	Effective Date:	{ 07/01/2008 }
Issue Age: { 40 }		

{ Optional Riders or Benefits: { Enhanced Care Rider }

Deferral Period:	{ 6 years }	Elimination Period:	{ 45 days }
Designated Annuitant:	{ John Doe }	Rider Effective Date:	{ 07/01/2008 }
Rider Premium:	{ \$50,000.00 }	Rider Age:	{ 40 }
Non-Rider Premium:	{ \$10,000.00 }	Rider Deduction Monthly Percentage:	{ 0.0459% }

While this Rider is in effect, Withdrawals under this Policy will be taken first from Monthly Benefits, then from Non-Rider Values, and last from Rider Values.

Withdrawals and Rider Deductions will be allocated to the applicable Crediting Rate Strategies in the following order: { a) Guaranteed One-Year Strategy, b) S&P 500 One-Year Strategy A, c) S&P 500 One-Year Strategy B, d) Gold One-Year Strategy, e) Blended Index One-Year Strategy. } }

Crediting Rate Strategies

Strategy Name	Allocation Percentage
{ Guaranteed One-Year Strategy	{ 50% }
{ S&P 500 One-Year Strategy A	{ 0% }
{ S&P 500 One-Year Strategy B	{ 0% }
{ Gold One-Year Strategy	{ 25% }
{ Blended Index One-Year Strategy	{ 25% }

The Minimum Guaranteed One-Year Rate is an annualized interest rate of { 1.50% }.

The Minimum Guaranteed Interest Rate for the Base Guarantee is an annualized interest rate of { 1.90% }.

{ For the S&P 500 One-Year Strategy A, the Minimum Participation Rate is { 100% } and the Minimum Annualized Cap is { 3.00% }. }

{ For the S&P 500 One-Year Strategy B, the Minimum Participation Rate is { 120% } and the Minimum Annualized Cap is { 3.00% }. }

{For the Gold One-Year Strategy, the Minimum Participation Rate is {100%} and the Minimum Annualized Cap is {3.00%}.}

{For the Blended Index One-Year Strategy, the Maximum Spread is {11%}.}

Surrender Charge-Free Withdrawal Percentage is {10%}.

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DATA PAGE
Investors Insurance Corporation
Flexible Premium Deferred Annuity Policy

Policy #: {XXX000100}
Initial Premium: {\$60,000.00}
Issue Age: {40}

{Nonqualified}
Issue Date: {07/01/2008}
Effective Date: {07/01/2008}
Maturity Date: {07/01/2074}

{Optional Riders or Benefits: {Enhanced Care Rider}}

TABLE OF GUARANTEED VALUES

End of Year	End of Year Age	Minimum Guaranteed Annuity Value	Minimum Guaranteed Surrender Value	Death Benefit
{ 1	40	60,172	53,219	60,172
2	41	60,347	53,952	60,347
3	42	60,523	54,697	60,523
4	43	60,702	55,457	60,702
5	44	60,882	56,230	60,882
6	45	61,065	57,018	61,065
7	46	61,250	57,819	61,250
8	47	61,437	58,636	61,437
9	48	61,626	59,467	61,626
10	49	61,818	61,818	61,818
11	50	62,012	62,012	62,012
12	51	62,208	62,208	62,208
13	52	62,948	62,948	62,948
14	53	63,858	63,858	63,858
15	54	64,785	64,785	64,785
16	55	65,729	65,729	65,729
17	56	66,690	66,690	66,690
18	57	67,669	67,669	67,669
19	58	68,666	68,666	68,666
20	59	69,681	69,681	69,681
21	60	70,715	70,715	70,715
22	61	71,768	71,768	71,768
23	62	72,840	72,840	72,840
24	63	73,932	73,932	73,932
25	64	75,044	75,044	75,044
26	65	76,176	76,176	76,176
27	66	77,329	77,329	77,329
28	67	78,504	78,504	78,504
29	68	79,700	79,700	79,700
30	69	80,918	80,918	80,918
31	70	82,158	82,158	82,158
32	71	83,422	83,422	83,422
33	72	84,708	84,708	84,708
34	73	86,019	86,019	86,019
35	74	87,353	87,353	87,353
36	75	88,712	88,712	88,712
37	76	90,096	90,096	90,096
38	77	91,506	91,506	91,506
39	78	92,942	92,942	92,942
40	79	94,404	94,404	94,404
41	80	95,893	95,893	95,893
42	81	97,410	97,410	97,410 }

End of Year	End of Year Age	Minimum Guaranteed Annuity Value	Minimum Guaranteed Surrender Value	Death Benefit
43	82	98,955	98,955	98,955
44	83	100,528	100,528	100,528
45	84	102,130	102,130	102,130
46	85	103,762	103,762	103,762
47	86	105,424	105,424	105,424
48	87	107,117	107,117	107,117
49	88	108,842	108,842	108,842
50	89	110,598	110,598	110,598
51	90	112,386	112,386	112,386
52	91	114,208	114,208	114,208
53	92	116,064	116,064	116,064
54	93	117,953	117,953	117,953
55	94	119,878	119,878	119,878
56	95	121,839	121,839	121,839
57	96	123,836	123,836	123,836
58	97	125,870	125,870	125,870
59	98	127,941	127,941	127,941
60	99	130,051	130,051	130,051
61	100	132,200	132,200	132,200
62	101	134,390	134,390	134,390
63	102	136,619	136,619	136,619
64	103	138,890	138,890	138,890
65	104	141,204	141,204	141,204
66	105	143,560	143,560	143,560 }

All values are based on the Initial Premium shown on the Data Page and assume no additional Premium Payments, Transfers, Withdrawals, Market Value Adjustments or loans {and are adjusted to reflect any Rider Deduction amounts}. Guaranteed values may increase or decrease based on strategy allocations during the life of this Policy. Refer to the Crediting Rate Strategy section of the Data Page for allocations. For the purpose of this illustration, it is assumed all Premium Payments received prior to the Issue Date were applied to this Policy on the Policy's Effective Date.

Any Withdrawal in excess of the Surrender Charge-Free Withdrawal amount will be assessed a Surrender Charge as follows:

**TABLE OF SURRENDER CHARGE PERCENTAGES
FOR EACH PREMIUM PAYMENT**

Premium Year 1	12%
Premium Year 2	12%
Premium Year 3	12%
Premium Year 4	12%
Premium Year 5	11%
Premium Year 6	10%
Premium Year 7	9%
Premium Year 8	8%
Premium Year 9	6%
Premium Year 10 and thereafter	0%

Surrender Charges may be waived subject to the provisions of this Policy.

Investors Insurance Corporation

Group Flexible Premium Deferred Fixed Annuity Certificate

DATA PAGE

Annuitant: {John Doe
P.O. Box 7873
San Francisco, CA 94120}

{Joint Annuitant:
Jane Doe
P.O. Box 7873
San Francisco, CA 94120}

Owner: {Jim Smith
123 Main Street
San Francisco, CA 94120}

{Joint Owner:
Mary Smith
123 Main Street
San Francisco, CA 94120}

Beneficiary: As stated in the copy of the Application attached to this Certificate unless subsequently changed in compliance with this Certificate's provision.

Benefit Description: Group Flexible Premium Deferred Fixed Annuity Qualified Type: {Nonqualified}
Certificate Number: {XXX000100} Issue Date: {07/01/2008}
Initial Premium: {\$60,000.00} Effective Date: {07/01/2008}
Issue Age: {40}

{Optional Riders or Benefits: {Enhanced Care Rider}

Deferral Period: {6 years} Elimination Period: {45 days}
Designated Annuitant: {John Doe} Rider Effective Date: {07/01/2008}
Rider Premium: {\$50,000.00} Rider Age: {40}
Non-Rider Premium: {\$10,000.00} Rider Deduction Monthly Percentage: {0.0459%}

While this Rider is in effect, Withdrawals under this Certificate will be taken first from Monthly Benefits, then from Non-Rider Values, and last from Rider Values.

Withdrawals and Rider Deductions will be allocated to the applicable Crediting Rate Strategies in the following order: { a) One-Year Guaranteed Term, b) Multiple Year Guaranteed Term – Three-Year, c) Multiple Year Guaranteed Term – Five-Year, d) Multiple Year Guaranteed Term – Seven-Year, e) Multiple Year Guaranteed Term – Ten-Year. }

Crediting Rate Strategies

{Strategy Name}	Initial Premium	Date Premium Payment Received	Initial Interest Rates
{One-Year Guaranteed Term}	{ \$30,000.00 }	{ 07/01/2008 }	{ Premium Year 1: 4. 10% }
{Multiple Year Guaranteed Term – Three-Year}	{ \$0.00 }	{ 07/01/2008 }	{ Premium Year 1: 3.85% } { Premium Years 2-3: 3.85% }
{Multiple Year Guaranteed Term – Five-Year}	{ \$30,000.00 }	{ 07/01/2008 }	{ Premium Year 1: 3.95% } { Premium Years 2-5: 3.95% }
{Multiple Year Guaranteed Term – Seven-Year}	{ \$0.00 }	{ 07/01/2008 }	{ Premium Year 1: 3.85% } { Premium Years 2-7: 3.85% }
{Multiple Year Guaranteed Term – Ten-Year}	{ \$0.00 }	{ 07/01/2008 }	{ Premium Year 1: 3.85% } { Premium Years 2-10: 3.85% }

The Guaranteed Term Interest Rate is an annualized interest rate of {1.50% }.

The Minimum Guaranteed Interest Rate is an annualized interest rate of {2.15% }.

DATA PAGE
Investors Insurance Corporation
Group Flexible Premium Deferred Fixed Annuity Certificate

Certificate #: {XXX000100}
Initial Premium: {\$60,000.00}
Issue Age: {40}

{Nonqualified}
Issue Date: {07/01/2008}
Effective Date: {07/01/2008}
Maturity Date: {07/01/2067}

{Optional Riders or Benefits: {Enhanced Care Rider} }

End of Certificate Year	Annuity Value	Minimum Guaranteed Surrender Value	Death Benefit
{ 1	62,129	53,345	54,674
2	63,535	54,200	55,911
3	64,985	55,067	57,187
4	66,482	55,947	59,169
5	68,028	56,838	61,225
6	68,734	57,744	62,548
7	69,447	58,666	63,891
8	70,168	59,605	65,958
9	70,897	60,562	68,770
10	71,633	61,535	70,917
11	72,378	62,527	72,378
12	73,131	63,537	73,131
13	73,892	64,565	73,892
14	74,661	65,613	74,661
15	75,438	66,679	75,438
16	76,224	67,765	76,224
17	77,019	68,872	77,019
18	77,822	69,999	77,822
19	78,634	71,147	78,634
20	79,454	72,316	79,454
21	80,284	73,506	80,284
22	81,123	74,719	81,123
23	81,970	75,955	81,970
24	82,827	77,214	82,827
25	83,694	78,496	83,694
26	84,569	79,802	84,569
27	85,455	81,133	85,455
28	86,350	82,489	86,350
29	87,254	83,870	87,254
30	88,169	85,277	88,169
31	89,094	86,711	89,094
32	90,028	88,171	90,028
33	90,973	89,660	90,973
34	91,929	91,176	91,929
35	92,895	92,722	92,895
36	93,871	94,296	94,296
37	94,858	95,901	95,901
38	95,856	97,536	97,536
39	96,865	99,202	99,202
40	97,885	100,900	100,900
41	98,917	102,630	102,630
42	99,959	104,393	104,393 }

End of Certificate Year	Annuity Value	Minimum Guaranteed Surrender Value	Death Benefit
{ 43	101,013	106,190	106,190
44	102,079	108,022	108,022
45	103,157	109,888	109,888
46	104,246	111,791	111,791
47	105,347	113,730	113,730
48	106,461	115,706	115,706
49	107,587	117,721	117,721
50	108,725	119,774	119,774
51	109,876	121,867	121,867
52	111,039	124,000	124,000
53	112,216	126,175	126,175
54	113,406	128,392	128,392
55	114,608	130,651	130,651
56	115,824	132,955	132,955
57	117,054	135,303	135,303
58	118,297	137,697	137,697
59	119,554	140,138	140,138 }

For the purpose of this illustration, the values are based on the Initial Premium shown on the Data Page and assume the Initial Premium was received on the Certificate's Effective Date. The Annuity Value is based on the Initial Interest Rates for the Guaranteed Terms shown on the Data Page and the Guaranteed Term Interest Rate thereafter. The values assume there are no additional Premium Payments, Transfers, Withdrawals and Market Value Adjustments {and are adjusted to reflect any Optional Benefit Deductions}.

Any Withdrawal will be assessed a Surrender Charge as follows:

TABLE OF SURRENDER CHARGE PERCENTAGES
Based on the attained age of the current older Owner
on the date of receipt of each Premium Payment

Premium Year	Prior to Age 76	Age 76-80	Age 81 and older
1	12.00%	11.50%	11.00%
2	12.00%	10.50%	10.00%
3	12.00%	9.50%	9.00%
4	11.00%	8.50%	8.00%
5	10.00%	7.50%	7.00%
6	9.00%	6.00%	6.00%
7	8.00%	5.00%	5.00%
8	6.00%	4.00%	4.00%
9	3.00%	3.00%	3.00%
10	1.00%	1.00%	1.00%
11 and later	0.00%	0.00%	0.00%

Surrender Charges may be waived subject to the provisions of this Certificate.

Investors Insurance Corporation
Group Flexible Premium Deferred Annuity Certificate

DATA PAGE

Annuitant: { John Doe P.O. Box 7873 San Francisco, CA 94120 }	{ Joint Annuitant: Jane Doe P.O. Box 7873 San Francisco, CA 94120 }
Owner: { Jim Smith 123 Main Street San Francisco, CA 94120 }	{ Joint Owner: Mary Smith 123 Main Street San Francisco, CA 94120 }

Beneficiary: As stated in the copy of the Application attached to this Certificate unless subsequently changed in compliance with this Certificate's provision.

Benefit Description: Group Flexible Premium Deferred Annuity Certificate Number: { XXX000100 } Initial Premium: { \$60,000.00 } Premium Bonus Amount Percentage: { 10.00% } Issue Age: { 40 }	Qualified Type: { Nonqualified } Issue Date: { 07/01/2008 } Effective Date: { 07/01/2008 }
--	---

{ Optional Riders or Benefits: { Enhanced Care Rider }

Deferral Period: { 6 years } Designated Annuitant: { John Doe } Rider Premium: { \$50,000.00 } Non-Rider Premium: { \$10,000.00 }	Elimination Period: { 45 days } Rider Effective Date: { 07/01/2008 } Rider Age: { 40 } Rider Deduction Monthly Percentage: { 0.0459% }
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While this Rider is in effect, Withdrawals under this Certificate will be taken first from Monthly Benefits, then from Non-Rider Values, and last from Rider Values.

Withdrawals and Rider Deductions will be allocated to the applicable Crediting Rate Strategies in the following order: { a) Guaranteed One-Year Strategy, b) S&P 500 One-Year Strategy A, c) S&P 500 One-Year Strategy B, d) Gold One-Year Strategy, e) Blended Index One-Year Strategy. } }

Crediting Rate Strategies

Strategy Name	Allocation Percentage
{ Guaranteed One-Year Strategy	{ 50% }
{ S&P 500 One-Year Strategy A	{ 0% }
{ S&P 500 One-Year Strategy B	{ 0% }
{ Gold One-Year Strategy	{ 25% }
{ Blended Index One-Year Strategy	{ 25% }

The Minimum Guaranteed One-Year Rate is an annualized interest rate of { 1.50% }.

The Minimum Guaranteed Interest Rate for the Base Guarantee is an annualized interest rate of { 1.90% }.

{ For the S&P 500 One-Year Strategy A, the Minimum Participation Rate is { 100% } and the Minimum Annualized Cap is { 3.00% }. }

{ For the S&P 500 One-Year Strategy B, the Minimum Participation Rate is { 120% } and the Minimum Annualized Cap is { 3.00% }. }

{For the Gold One-Year Strategy, the Minimum Participation Rate is {100%} and the Minimum Annualized Cap is {3.00%}.}

{For the Blended Index One-Year Strategy, the Maximum Spread is {11%}.}

Surrender Charge-Free Withdrawal Percentage is {10% }.

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DATA PAGE
Investors Insurance Corporation
Group Flexible Premium Deferred Annuity Certificate

Certificate #: {XXX000100}
Initial Premium: {\$60,000.00}
Premium Bonus Amount: {\$6,000.00}
Issue Age: {40}

{Nonqualified}
Issue Date: {07/01/2008}
Effective Date: {07/01/2008}
Maturity Date: {07/01/2069}

{Optional Riders or Benefits: {Enhanced Care Rider} }

End of Certificate Year	Minimum Guaranteed Annuity Value	Minimum Guaranteed Surrender Value	Death Benefit
{ 1	66,190	53,191	66,190
2	66,381	53,895	66,381
3	66,575	54,612	66,575
4	66,772	55,342	66,772
5	66,970	56,085	66,970
6	67,171	56,842	67,171
7	67,375	57,612	67,375
8	67,581	58,396	67,581
9	67,789	59,195	67,789
10	68,000	68,000	68,000
11	68,213	68,213	68,213
12	68,429	68,429	68,429
13	68,647	68,647	68,647
14	68,868	68,868	68,868
15	69,092	69,092	69,092
16	69,318	69,318	69,318
17	69,547	69,547	69,547
18	69,779	69,779	69,779
19	70,014	70,014	70,014
20	70,251	70,251	70,251
21	70,491	70,491	70,491
22	71,002	71,002	71,002
23	72,030	72,030	72,030
24	73,077	73,077	73,077
25	74,144	74,144	74,144
26	75,230	75,230	75,230
27	76,335	76,335	76,335
28	77,462	77,462	77,462
29	78,608	78,608	78,608
30	79,776	79,776	79,776
31	80,965	80,965	80,965
32	82,176	82,176	82,176
33	83,409	83,409	83,409
34	84,665	84,665	84,665
35	85,943	85,943	85,943
36	87,246	87,246	87,246
37	88,572	88,572	88,572
38	89,922	89,922	89,922
39	91,298	91,298	91,298
40	92,698	92,698	92,698
41	94,125	94,125	94,125
42	95,577	95,577	95,577 }

End of Certificate Year	Minimum Guaranteed Annuity Value	Minimum Guaranteed Surrender Value	Death Benefit
{ 43	97,057	97,057	97,057
44	98,563	98,563	98,563
45	100,097	100,097	100,097
46	101,660	101,660	101,660
47	103,251	103,251	103,251
48	104,872	104,872	104,872
49	106,522	106,522	106,522
50	108,203	108,203	108,203
51	109,915	109,915	109,915
52	111,658	111,658	111,658
53	113,434	113,434	113,434
54	115,242	115,242	115,242
55	117,084	117,084	117,084
56	118,960	118,960	118,960
57	120,870	120,870	120,870
58	122,816	122,816	122,816
59	124,797	124,797	124,797
60	126,816	126,816	126,816
61	128,871	128,871	128,871 }

All values are based on the Initial Premium shown on the Data Page and assume no additional Premium Payments, Transfers, Withdrawals, Market Value Adjustments or loans {and are adjusted to reflect any Rider Deduction amounts}. Guaranteed values may increase or decrease based on strategy allocations during the life of this Certificate. Refer to the Crediting Rate Strategy section of the Data Page for allocations. For the purpose of this illustration, it is assumed all Premium Payments received prior to the Issue Date were applied to this Certificate on the Certificate's Effective Date.

Any Withdrawal in excess of the Surrender Charge-Free Withdrawal amount will be assessed a Surrender Charge as follows:

**TABLE OF SURRENDER CHARGE PERCENTAGES
FOR EACH PREMIUM PAYMENT**

Premium Year 1	18%
Premium Year 2	18%
Premium Year 3	17%
Premium Year 4	16%
Premium Year 5	15%
Premium Year 6	14%
Premium Year 7	13%
Premium Year 8	11%
Premium Year 9	9%
Premium Year 10 and thereafter	0%

Surrender Charges may be waived subject to the provisions of this Certificate.